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REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1956

PRICE & SONS, PRINTERS, BILSTON

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Medical Officer of Health

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PRICE & SONS. PRINTERS. BILSTON

To the Mayor, Aldermen and Councillors of the
Borough of Bilston.

MR. MAYOR, MADAM AND GENTLEMEN,

I have the honour to present my Annual Report for 1956.

A. FOREWORD

Looking at the balance sheet for Bilston's health during 1956, I am pleased to see a definite improvement. The general death rate and the stillbirth rate have both fallen and there is a marked reduction in the notifications of persons suffering from pulmonary tuberculosis and the deaths from that disease. Interestingly, a large part of the reduction in the general death rate is due to a fall in the number of deaths from diseases of the heart and circulation. There was a definite decrease in the amount of overtime work during 1956 as compared with 1954 and 1955, and it is possible that this may have played its part. Overtime frequently leads to lack of sleep and it may in some cases lead to over-eating. Both these follies are known to contribute towards disease of the heart and circulation. It is not possible at the moment to say whether the increased infant mortality, due largely to an increased neo-natal mortality, is due merely to a statistical swing of the pendulum, or whether it presents the reverse side of the medal and is due to lack of overtime in female employment, leading to under-nourishment of some expectant mothers. Even if the latter is the case, the rising birth rate suggests that the people of Bilston still have confidence in the future.

The work of nibbling at the slums goes on steadily. 388 houses were represented as suitable for clearance during 1956, and of these 49 were closed through the year. 45 other houses in areas not yet represented were also closed as they became vacant. By the end of the year the total of unfit houses closed or demolished since the last war had, therefore, risen to 630, leaving us 1,666 to be still cleared of their occupants. Even though our slum clearance programme is only now beginning to gather momentum, we can say that more than a quarter of the houses reported as ripe for demolition in 1946 have now been cleared.

There has been some improvement in food hygiene, as a result of the Food and Drugs Act, 1955 and the regulations made under it.

The lists of notifiable diseases show a reduction in the number of confirmed cases of food poisoning.

The accident death rate is higher than last year, indicating, I think, that the death rate from accidents is over the years steady. The reduction of this rate is partly a matter of engineering; safer roads, safer houses, and partly a matter of education, though it is imperative that all of us look before we step, both in the home and on the road.

Finally, I can say that in 1956 the dustbins were emptied more frequently than had been the case for some years, and the Cleansing Superintendent is able to give a much more satisfactory report.

B. GENERAL PROVISIONS OF HEALTH SERVICES

1. SERVICES PROVIDED BY THE BOROUGH COUNCIL

Committees concerned with Health Matters:

Health Committee	Councillor F. Wolverson (*Chairman*)
Housing Committee	Alderman E. W. Bold (*Chairman*)
Prevention of Accidents Committee	Councillor A. E. Woolley (*Chairman*)
Public Works Committee ..	Alderman J. V. Lavender (*Chairman*)
Finance and General Purposes Committee	Alderman O. H. Jones (*Chairman*)

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

D. A. SMYTH, M.B., B.S., D.P.H. (Dunelm), Fellow of the Society of Medical Officers of Health, M.R.S.H.

Chief Public Health Inspector and Cleansing Superintendent:

J. R. TART, Cert. S.I.B., M.A.P.H.I.

Senior Public Health Inspector:

J. RICHARDS, Cert. S.I.B.

Additional Public Health Inspectors:

J. W. BARBER, Cert. S.I.B.
T. C. MOSS, Cert. S.I.B.

Pupil Public Health Inspector:

B. HALES
(Commenced 1st September, 1956)

Clerical Staff:

Health:

B. J. BAKER
Miss R. P. SHEFFIELD
Miss H. PADDOCK

Cleansing:

L. R. LITTLEWOOD (Part Time)

DUTIES OF THE SENIOR PUBLIC HEALTH OFFICERS

Medical Officer of Health

The duties are those laid down in the Public Health Acts of 1875 and 1936. The Local Government Act, 1933. The Housing Act, 1936. Factories Act, 1937. Food and Drugs Act, 1955. Clean Air Act, 1956, and the Orders and Regulations made thereunder, including in particular the Sanitary Officers (Outside London) Regulations, 1935. Six elevenths of my time is spent as Medical Officer of Health and five elevenths as School Medical Officer and Assistant County Medical Officer.

Chief Public Health Inspector

The duties of the Chief Public Health Inspector are those detailed in the above Acts and Regulations, and, in addition, he acts as officer of the Local Authority under the Prevention of Damage by Pests Act, 1949, Shops Act, 1934 and 1951, and Pet Animals Act, 1951; he also acts as the Local Authority's Cleansing Superintendent.

Senior Additional Public Health Inspector

The Senior Public Health Inspector acts as deputy for the Chief Public Health Inspector when the latter is absent through illness or other causes.

The Pupil Public Health Inspector commenced on the 1st September, 1956.

2. GENERAL MEDICAL SERVICES.

Fourteen family doctors practise in the Borough.

3. HOSPITALS

The area continues to be served by the Wolverhampton and Birmingham specialists and general hospitals and the Moxley Isolation Hospital.

SERVICES OF THE LOCAL HEALTH AUTHORITY

School Health

The Hygiene Assistant, I gather, has done very useful work, and certainly so far as I can see there has been a considerable improvement in the cleanliness of that minority of the school pupils who had been giving trouble in the past.

Maternal and Child Health

The rise in birth rate has led to a considerable increase in premature babies, and this has shown a considerable strain on the Health Visitors.

A notable part of the County Service's work in this field during the year was the experimental immunisation against poliomyelitis, on a sample of child volunteers. In Bilston, no immunised child contracted poliomyelitis, and in the country as a whole, the protection given appeared to be superior to that given by whooping cough vaccine, and not far short of that developed as a result of injection of diphtheria toxide.

The figures for the more usual immunisation procedures are given below.

Immunisation

	INITIAL TREATMENT COMPLETED		BOOSTER DOSES	
	Diphtheria	*W. Cough*	*Diphtheria*	*W. Cough*
Under 1 ..	115	166	—	—
1 ..	86	60	—	—
2 ..	11	15	—	—
3 ..	6	5	—	—
4 ..	5	4	—	—
5 ..	5	—	3	—
6 ..	—	—	—	—
7 ..	—	—	—	—
8 ..	—	—	—	—
9 ..	—	—	—	—
10 ..	—	—	—	—
11 ..	—	—	—	—
12 ..	—	—	—	—
13 ..	—	—	—	—
14 ..	—	—	—	—
TOTALS	228	250	3	—

The percentage of children immunised both against whooping cough and against diphtheria is sufficient to prevent a severe epidemic of either disease, but not high enough to prevent an epidemic. Possibly the use of combined vaccine in the clinics during the winter six months of the year might increase the response on the part of parents, but it is asking a lot of a mother to subject her child to five injections more or less successively.

Ambulance Service

Wireless control of the service was inaugurated during 1956. It is not possible to say that the ambulance service is beyond reproach, seeing that complaints are, in fact, made from time to time, but I can say it has not been proved guilty of any inadequacy.

Mental Health

I can only repeat what I said in my last year's report that much remains to be done in this field. As a concrete suggestion, I would say there is considerable evidence that Bilston could do with its own Marriage Guidance Council.

C. STATISTICS AND SOCIAL CONDITIONS

Area (in acres)	1,871
Population:	
(a) 1951 Census	33,464
(b) Registrar General's Estimate for mid-year 1956	33,960
Population density per acre	18
Rateable Value of District 1/4/56	£326,447
General Rate (1956/57)	16s. 6d.

The total number of factories in the town is 171. These can be listed as follows:—

Holloware	7
Iron and Steel	21
Shoe Repairers	14
Engineering	72
Food Preparing Premises	14
Woodwork	8
Clothing Manufacturers	3
Enamellers	3
Undertakers	1
Goods Transport	1
Glassware	1
Printers	3
Brass Founders	4
Builders	4
Brush Manufacturers	1
Petrol Storage	1
Stonemasons	2
Laundry	1
Coal Merchants	3
Miscellaneous	7

Action taken under Part 1 and Part 8 of the Factories Act, 1937, is tabulated as follows:—

TABLE A

Part 1 of the Act.

Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	17	–	–	–
Factories in which Section 7 only is enforced by the Local Authority	159	33	1	–
Other Premises in which Section 7 is enforced by Local Authority	13	–	–	–

TABLE B

Cases in which defects were found.

Particulars	Found	Remedied	Referred		Number of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	–	–	–	–	–
Overcrowding ..	–	–	–	–	–
Unreasonable Temperature	–	–	–	–	–
Inadequate Ventilation	–	–	–	–	–
Ineffective drainage of floors	–	–	–	–	–
Sanitary Conveniences unsuitable or defective	–	–	–	–	–
Insufficient ..	2	2	–	–	–
Not separate for sexes	–	–	–	–	–
Other Offences against the Act (Not including offences relating to outwork)	6	6	–	–	–

TABLE C

Part 8 of the Act.

OUTWORK

(Sections 110 and 111).

	Section 110			Section 111		
Nature of Work	No. of outworkers in list required by Section 110 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel (making, etc.)	4	–	–	–	–	–
Carding, etc. of Buttons, etc.	–	–	–	–	–	–
Cosaques, Christmas Crackers, Christmas Stockings, etc.	–	–	–	–	–	–
	4	–	–	–	–	–

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1956

Births

Live Births	*Total*	*Males*	*Females*
Legitimate	563	281	282
Illegitimate	34	14	20
Total ..	597	295	302

Birth Rate per 1,000 population 17.58
Comparability Factor for Births: 0.89
Corrected Birth Rate: 15.65

Still Births	*Total*	*Males*	*Females*
Legitimate	17	9	8
Illegitimate	–	–	–
Total ..	17	9	8

Still Birth Rate per 1,000 total births: 27.69
Still Birth Rate per 1,000 population: 0.5

Infant Deaths under 1 year of Age

	Total	*Males*	*Females*
Legitimate	24	13	11
Illegitimate	–	–	–
Total ..	24	13	11

Infantile Mortality Rate

Death Rate of infants under one year of age per 1,000 live births: 40.19

Infant Deaths under four weeks of age

	Total	*Males*	*Females*
Legitimate	17	10	7
Illegitimate	–	–	–
Total ..	17	10	7

Neo-Natal Mortality Rate

Deaths of infants under four weeks of age per 1,000 live births: 28.46

Infant Deaths during 1956—Taken from the Death Returns

Date	*Age*	*Sex*	*Cause of Death*
21.12.55	10 weeks	M.	1A. Asphyxia—misadventure.
22. 1.56	4 Months	M.	1A. Left lobar pneumonia.
31. 1.56.	11 hours	M.	1A. Atelectasis.
			B. Prematurity.
12. 2.56	1 week	F.	1A. Prematurity.
			2. Mongolism.
1 . 3.56	20 hours	M.	1A. Atelectasis.
			B. Anoxia.
9. 3.56	50 minutes	M.	1A. Atelectasis.
			B. Cerebral damage.
			2. Breach delivery.
24. 3.56	5 months	F.	1A. Broncho pneumonia.
			B. Fibrocystic disease of pancreas.
7. 4.56	1 day	M.	1A. Asphyxia.
			B. Atelectasis.
			C. Prematurity.
26. 4.56	1 month	F.	1A. A cyanotic congenital heart disease.
			2. Prematurity.
23. 5.56	20 hours	F.	1A. Exomphalos.
			2. Prematurity.
1. 6.56	2 days	M.	1A. Atelectasis.
14. 6.56	1 hour	M.	1A. Prematurity (7 months gestation).
22. 6.56	14 hours	M.	1A. Atelectasis.
			B. Prematurity.
28. 6.56	1 day	F.	1A. Neonatal intracranial cerebral haemorrhage.
			B. Parturition tearing of the tantorium.
			2. Partial atelectasis.
22. 7.56	1 week	F.	1A. Meningitis.
			B. Generalised septicaemia.
			C. Umbilical sepsis.
21. 8.56	17 hours	F.	1A. Interstitial emphysema and collapsed left lung.
			2. Prematurity.
12.10.56	10 minutes	M.	1A. Spina bifida.
19.10.56	2 days	M.	1A. Cerebral haemorrhage.
			B. Prematurity.
			2. Atelectasis.
24.10.56	5 months	F.	1A. Hydrocephalus.
			B. Spina bifida.
			C. Congenital malformation.
10.11.56	2 days	F.	1A. Prematurity.
16.11.56	5 months	F.	1A. Cardiac failure.
			B. Broncho pneumonia.
25.11.56	2 days	M.	1A. Icterus gravis neonatorum.
5.12.56	2 months	M.	1A. Inanition.
			B. Malnutrition.
19.12.56	1 week	F.	1A. Broncho pneumonia.

General Deaths

	Total	*Males*	*Females*
Deaths (All Causes)	306	166	140

Crude Death Rate per 1,000 population: 9

Comparability Factor for Deaths: 1.44

Corrected Death Rate: 12.96

Infantile Mortality

I said in my foreword that the increase in the number of premature babies had thrown a considerable strain on the health visitors. In point of fact, only two health visitors were available for the first half of the year, the third taking up her appointment towards the end of June.

The story of one particular baby gives a fair example of the health visitor's difficulties. The mother of this child had a premature baby in 1955. With assistance from her own doctor and the health visitor she reared the child successfully. She neglected the second pregnancy somewhat, and did not attend the ante natal clinic until 12th September, 1956, when she was found to be thirty-two weeks pregnant, to have oedema of the feet, and a haemaglobin of 72%. The obstetrician in charge of the ante natal clinic decided that a hospital delivery was essential and a bed was booked at New Cross Hospital, Wolverhampton. The mother had to be hurried there on the 2nd October and a premature delivery took place. The birth weight of the child was estimated to be 5 lbs. 5 ozs. The mother and baby stayed in the hospital for fourteen days and the weight of the baby when it left the hospital was 5 lbs. 1 oz.

The health visitor called on the 17th October and examined the baby; that is to say she felt its legs, its skull, its arms, and its abdomen, but did not strip it to its napkin. The baby appeared to be doing reasonably well, and on the 5th November it was brought to the infant welfare clinic and seen by me. It had then gained 6 ozs. since it left hospital. This was not a satisfactory gain but did not give cause for alarm. The mother was feeding the baby herself, and the baby appeared to be taking as much as it could manage. I did not see this baby again myself but on the 23rd November the health visitor saw the baby and saw it fed. On the 27th November the baby was weighed at the chemist's, with its clothes on, and its weight was 6 lbs. The mother appeared to have thought this was satisfactory, but allowing for the weight of the clothes the baby cannot have weighed more than 5 lbs. 10 ozs. at the most. It would indicate that it was not thriving. On the 5th December the mother fed the baby at 12 o'clock and then went to Willenhall with the baby in the pram, to visit her sister-in-law; she had two hot water bottles in the pram to keep the baby warm. The baby had been in the habit of waking about every three hours. At three o'clock, however, it did not wake. The mother returned home and had her tea. The baby did not wake at six o'clock. At half past seven she went to visit the doctor; her doctor had left but another member of the group practice to which he belonged was still there, and he had a look at the baby and discovered it was dead. Subsequently in conversation with me, he told me that the baby was extremely warm even though it appeared to have been dead for several hours.

I was present at the post mortem on this child on the 6th December, and there was no doubt that this child was dehydrated and anaemic. The dehydration could have been caused by lack of food or by overheating of the child. (The overheating could have been either from the hot water bottles or the child could have been suffering from some infection which had raised its temperature considerably and thus caused it to dehydrate itself).

The pathologist, who is now somewhat elderly, did not open the middle ear and infection cannot, therefore, be ruled out. At the inquest he added further to the health visitor's difficulties, by declaring that her examination of the baby was quite inadequate. Truly, pathologists rush in where County Medical Officers fear to tread.

This particular health visitor has on her area over a thousand children under the age of five. Premature babies are given special attention, but even so, with a population of that kind to cover, even the premature babies cannot be seen very frequently.

This was the first case I, personally, had met, in fact, where the mother of a premature baby did not automatically bring it to the clinic at least once a fortnight.

It is possible to argue that there should be a premature baby clinic held fortnightly at the Centre Health Clinic, for twelve of the twenty-four babies who died were premature babies, while of the 597 babies born alive only 33 were premature. The death rate for those 33 babies was, in fact, at a rate of 360 per 1,000. To put it a little more plainly, the death rate of premature babies was nearly eighteen times as high as that of the babies who were delivered at the normal time. The infantile mortality among premature infants in the City of Birmingham in 1953 was 196 per 1,000; comparatively speaking, Birmingham has larger staff of health visitors, than Bilston, though I think it would be true to say that they do pay very special attention to the follow-up of the premature baby in that city.

The other 12 deaths that will be seen, were due to congenital defects of various kinds, or disease of the lungs, apart from one case of meningitis.

The increase in the birth rate, of course, has meant that the load on the midwives has increased rather than decreased, and I must, therefore, admit that the supervision of each individual pregnancy is not as close as is desirable.

TABLE A

Deaths during 1956 by age groups

	Male		*Female*		*Total*	
	1956	1955	1956	1955	1956	1955
0— 4	14	11	12	11	26	22
5—14	–	1	–	–	–	1
15—24	1	2	1	2	2	4
25—44	12	14	4	13	16	27
45—64	55	64	35	34	90	98
65 and over	84	112	88	98	172	210
All deaths	166	204	140	158	306	362

TABLE B

Deaths from Certain Causes

	1956	1955
Cardio-Vascular Diseases	79	106
Vascular Lesions of the Nervous System ..	36	49
Cancer	58	55
Bronchitis	31	26
Influenza	3	6
Pneumonia	15	26
Pulmonary Tuberculosis	3	10

There is no significant increase, in fact, no increase in the deaths from cancer of the lung and bronchus. Any increased liability for this disease from the pollution of the atmosphere is probably cancelled out, statistically speaking, by the large numbers of workers whose working conditions are not conducive towards smoking at work. There are probably less cigarettes smoked in Bilston than in towns of similar size where a higher proportion of the work carried out is clerical.

There has been a moderate reduction in coronary thrombosis which may, as I have said, be due to economic factors. Reduction in other cardiac diseases, I think likely to be due to the absence of an influenza epidemic.

Respiratory disease continued to be commoner in High Town Ward than elsewhere in the town, and it is to be hoped that when the Clean Air Act comes into full operation in 1958 that the smoke from factory and railway will be considerably diminished.

TABLE C

Ward	Electorate	Deaths	Death Rate per 1,000 electors	Live Births	Birth Rate per 1,000 electors	Population at 1951 Census
Ettingshall	4,619	60	13.0	110	24.7	6,124
High Town	2,057	38	18.5	45	21.9	3,241
New Town	4,034	53	13.1	102	25.3	6,748
Town Hall	7,576	96	12.6	148	19.5	10,744
Bradley	4,761	59	12.4	192	43.5	6,398

Causes of Death during 1956 in detaii

TABLE D

Cause of Death	*Males*	*Females*	*Total*
Tuberculosis Respiratory	2	1	3
Tuberculosis Other	–	–	–
Syphilitic Diseases	–	–	–
Diphtheria	–	–	–
Whooping Cough	–	–	–
Meningococcal Infections ..	–	–	–
Acute Poliomyelitis	–	–	–
Measles	–	–	–
Other Infective and Parasitic Diseases	2	–	2
Malignant Neoplasm (Stomach)	2	3	5
Malignant Neoplasm (Lung Bronchus)	9	–	9
Malignant Neoplasm (Breast) ..	1	5	6
Malignant Neoplasm (Uterus) ..	–	1	1
Other Malignant and Lymphatic Neoplasms	18	19	37
Leukaemia, Aleukaemia ..	1	–	1
Diabetes	–	3	3
Vascular Lesions of Nervous System	15	21	36
Coronary Disease, Angina ..	20	13	33
Hypertension with Heart Disease	4	2	6
Other Heart Disease	16	17	33
Other Circulatory Diseases ..	3	4	7
Influenza	2	1	3
Pneumonia	9	6	15
Bronchitis	22	9	31
Other Diseases of Respiratory System	2	1	3
Ulcer of Stomach and Duodenum	3	2	5
Gatritis, Enteritis and Diarrhoea	–	1	1
Nephritis and Nephrosis ..	–	–	–
Hyperplasia of Prostate ..	1	–	1
Pregnancy, Childbirth, Abortion	–	1	1
Congenital Malformation ..	3	3	6
Other defined or ill-defined diseases	24	23	47
Motor Vehicle Accidents ..	2	–	2
All othe accidents	5	3	8
Suicide	–	1	1
Homicide and Operation of War	–	–	–
TOTAL ..	166	140	306

D. PREVENTABLE DISEASE AND ILL HEALTH

Pneumonia, Bronchitis, and Cancer of the Lung

As will be seen from the death returns there are three main causes of death from diseases of the respiratory system, and pneumonia and bronchitis account for a very large part of the absence from work in Bilston as in other towns.

The three diseases represent three different stages in the body's constant fight against an attacking environment.

Pneumonia represents the body's acute and violent reaction against the bacterial invasion of the lung. This may have arisen, so to speak, out of the blue, or followed on a long period of seige warfare by dust, smoke, bacteria, and other irritants. Where the defences are weak, as in old age and infancy, the body succumbs to the invaders.

As I mentioned earlier, there were less of these acute attacks during 1956, and both notifications of and deaths from pneumonia dropped sharply.

Bronchitis represents the body in general and the lung in particular, in a state of seige. Many well known irritants—tobacco smoke, chimney smoke, grit and dust, pollens (in certain sensitive persons), and, of course, bacteria and viruses which are generally coughed on to the unfortunate sufferer by a fellow citizen.

There has been no fall in the deaths from bronchitis, in fact, they have actually risen. I am fairly sure there will not be a substantial reduction until there is a reduction of the amount of smoke in the air, whether it is consumed individually as cigarette smoke or collectively as air contaminated by the smoke of the domestic chimney.

Lung cancer, the third of the three scourges, represents a wild and insane reaction by the body to the nagging and gnawing of its persistent assailants.

The body's repair squad, so to speak, is kept so busy that having repaired the holes caused in the lung by the irritants, it cannot stop, and goes on filling up the lung with new tissue. If this is in itself not sufficient to suffocate the patient, sections of the repair squad, still working madly, are carried by the blood stream to other parts of the body which they proceed to fill in with new tissue. Very occasionally this process is discovered at an early stage by x-ray, and the removal of the affected parts of the lung does sometimes then effect a cure. This happens, however, only rarely, and the best way of reducing the incidence of lung cancer is by reducing the rain of blows on the lining of the lung.

Three substances in particular are known to produce the peculiar reaction which we call cancer; they are soot, tar, and tobacco. Tobacco taken as snuff can cause cancer of the nose, chewed as it still is in parts of India it can cause cancer of the mouth, burned in pipe or cigarette, particularly in the cigarette, it can cause cancer of the lung.

The heavy cigarette smoker smoking 25 or more cigarettes a day has a death rate 40% higher than that of the non-smoker. He is $1\frac{1}{2}$ times as likely to die of coronary thrombosis than the non-smoker, but 24 times as likely to die of cancer of the lung. The death rate for the lighter smokers in general, is not much higher than that for the non-smoker, nor is their death rate from coronary thrombosis very much higher; the difference is about 10% in both cases. When it comes to lung cancer, however, their lungs are in much greater danger than those of the non-smoker. The light smoker, smoking 1 to 14 cigarettes a day, is 6 times as likely to die of lung cancer as the non-smoker, while the moderate smoker, smoking 15 to 24 cigarettes a day, is 12 times as likely to die of lung cancer than the non-smoker.

Opinions differ as to whether the high lung cancer death rate of the smoker is due entirely to tobacco or whether it is partly due to the fact that the process of smoking necessarily involves the inhalation of considerable quantities of air, with the result that the smoker may breathe into his lungs much more air contaminated by chimney smoke than does the non-smoker.

It is an academic point but it is quite clear that the smoking of cigarettes dangerously increases the risk of cancer of the lung. The time has obviously come to banish and abolish the cigarette. The hardened tobacco addicts should turn to the pipe, and the rest should give up smoking utterly and completely. In addition, every householder should consider whether it would not be cheaper in the long run to burn smokeless fuel in his fire or stove, rather than waste his money and his health by burning raw and untreated coal.

Poliomyelitis

Of the two cases notified only one was confirmed, but it seems highly probable that the first case was, in fact, acute anterior poliomyelitis, though a very mild attack.

This child developed catarrhal symptoms on the 10th November. On the 26th November the child felt unwell and had a headache. The next day she complained (the child was only two years old) that she could not use her right foot, and the family doctor arranged for her admission to the Isolation Hospital. Nothing significant was found in the cerebrospinal fluid, and the child gradually gained the use of her right foot. This case occurred on the Stowlawn Estate on the north west edge of the town. The child's brother, aged six, attended a primary school in Willenhall and other cases of poliomyelitis occurred in that school.

The second case was more serious and was definitely confirmed as poliomyelitis.

The patient was a girl aged eleven, attending one of the Secondary Modern Girls' Schools. She developed a cold on the 4th December and had a certain amount of headache with it from the 7th December. From about the 13th December she started to complain of aches between the shoulders. Like most modern children this girl was fond of watching television. About the beginning of November, however, their own set broke down and she used to go most nights to the home of her cousin two Greens away, to see the television programme there. Her cousin was aged thirteen but her two younger cousins aged eight and six attend the school at Willenhall which I have mentioned, at which cases of poliomyelitis occurred. She did not, I gather, go to her cousin's home to watch television after she started to feel unwell on the 4th December. On the 19th December she became very listless and during the night developed severe headache and pains in the upper back and ribs. Her mother said she was hot and had a stiff neck.

The family doctor, reasonably enough, arranged for her admission to the Isolation Hospital as a case of suspected meningitis. On the 24th December, however, she was found to be unable to move either leg from the hip down, and the Laboratory report on the cerebro-spinal fluid, received about the same time, indicated this was probably a case of poliomyelitis.

I have indicated the most probable chain of infection from the primary school at Willenhall, through the younger cousins, and either direct from them to the patient or through the older cousin. It is just possible that the virus might have been transferred from another source. The secretary of the school at which the patient's older cousin attends was in contact with a poliomyelitis case during August and it would have been possible for her to act as the carrier and transferred the virus to this girl. It seems, however, highly unlikely.

To complete the picture, I can add that the small brother of a boy attending the Secondary Modern School just adjacent to the Girls' School attended by the patient, was admitted to hospital as a case of suspected poliomyelitis on the 16th January this year. This child was aged four and in Bilston as elsewhere, poliomyelitis appears to be a mild disease under the age of five.

Dysentery and Food Poisoning

The 29 cases of dysentery and 19 cases of food poisoning notified, consisted of scattered family outbreaks. In no case was it possible to trace a chain of infection between two different households. The 19 cases in which dysentery was bacteriologically confirmed, all appeared to be due to Shigella Sonnei. Bacteriological examination of the stools of the 9 confirmed cases of food poisoning included Salmonella Bareilly (2 cases) and Salmonella Stanley (7 cases).

It is impossible to say whether the other cases were cases of dysentery or salmonellosis in which infection had been overcome by the body before the specimens were obtained, or whether they were virus infections due to the poliomyelitis virus group or some other group. The rather late appearance of more typical cases of poliomyelitis in Bilston during 1956 does suggest that a number of mild cases might have been given some other label.

Whooping Cough

There was a small epidemic of whooping cough, not of considerable severity, beginning with scattered cases in January, February and March, and the epidemic spreading fairly strongly during the latter half of April, May, June and July. Notifications came in steadily during August and there were scattered cases during September, October, November and December.

In some ways immunisation against whooping cough is the most effective of our prophylactic procedures, since the child normally in good health is not as a rule prevented from catching the disease but gets a very mild attack which nevertheless protects it against whooping cough for most of the rest of its life.

Tuberculosis

The fall in notifications and deaths is most satisfactory and vindicates a rather extensive mass x-ray method of ascertainment. This method can and should probably be used again but I feel the time has now come for walk-in sessions at which the public can attend without reference by a doctor, to be initiated and widely publicised. Were such sessions to be held weekly on Saturday mornings at New Cross Hospital, I feel sure many people would travel considerable distances in order to satisfy themselves that their chest was in good working order. However, I must reiterate that this is an infectious disease and must be treated as such. Anyone who finds himself to be suffering from pulmonary tuberculosis is under legal and moral obligation to protect others from his deadly germs. The tuberculous patient must keep himself to himself as much as possible until he is sure the disease is adequately walled in. He must be meticulous about attending for examination and x-rays, and also carry out the advice of his family doctor and chest physician to the full.

All this may seem obvious, but if every notified patient carried it out, it is probable that the spread of the disease in Bilston would be checked within three or four years.

Accidents

Death from violence is slightly less in 1956, amounting to 11 deaths in all. There were 5 home accidents, 2 being due to gas poisoning, 2 indirectly due to falls (a patient actually dying in hospital from hypostatic pneumonia) and 1 due to fire. In the last case the patient was not burned to death but the house was burned down and he was suffocated by the fumes. All 5 cases (3 men and 2 women) were over the age of 65.

There is some doubt as to whether the home accident returns from the Royal Hospital were wholly complete for the whole of the year, so I will not list them in detail. In the main they occurred in children; burns, scalds, cuts and bruises predominated. For example, a child of 14 months pulled a basin of hot water over his chest; a child of 10 slipped while carrying hot water and sustained second degree scalds to the right leg; a child of 2 received a severe injury to the thumb when his brother hit it with a hammer.

So far as I can gather, the number of home accidents in Bilston is lighter than that in the country as a whole, presumably due to the activities of the health visitors and the Home Safety Committee.

TABLE 1

Infectious Diseases notified during 1956

Disease	Total cases notified	Total cases confirmed	Cases admitted to hospital	Deaths
Tuberculosis—Respiratory	28	26	–	3
Tuberculosis—Meninges and C.N.S.	–	–	–	–
Tuberculosis—Other	–	–	–	–
Scarlet Fever	9	8	6	–
Whooping Cough	183	182	7	–
Acute Anterior Poliomyelitis	2	1	2	–
Measles	3	2	–	–
Diphtheria	2	–	2	–
Pneumonia	12	13	5	15
Dysentery	29	19	–	–
Smallpox	–	–	–	–
Puerperal Pyrexia	2	2	–	–
Ophthalmia Neonatorum	3	2	2	–
Erysipelas	1	1	1	–
Paratyphoid	–	–	–	–
Enteric or Typhoid Fever	–	–	–	–
Food Poisoning	19	9	–	–
Meningococcal Infection	–	–	–	–

Total cases confirmed 265

Total cases confirmed during 1955 762

TABLE 2

Infectious Diseases—Confirmed. In Wards. 1956

Disease	New Town			High Town			Town Hall			Ettingshall			Bradley			TOTAL		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Whooping Cough	13	14	27	1	4	5	22	26	48	6	9	15	42	45	87	84	98	182
Pneumonia	–	–	–	3	–	3	2	–	2	2	1	3	3	2	5	10	3	13
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Scarlet Fever	–	–	–	–	–	–	2	3	5	1	2	3	–	–	–	3	5	8
Measles	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	2	–	2
Meningococcal Meningitis ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Puerperal Pyrexia	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	2	2
Erysipelas	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1
Food Poisoning	1	2	3	–	–	–	2	3	5	–	1	1	–	–	–	3	6	9
Ophthalmia Neonatorum ..	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1	1	1	2
Poliomyelitis	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1
Dysentery	2	2	4	–	–	–	1	4	5	1	1	2	3	5	8	7	12	19
Enteric or Typhoid Fever ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

TABLE 3

Pulmonary and Non-Pulmonary Tuberculosis Cases notified during 1954 — 1956

	1951 Census			1954		1955		1956		TOTAL	
	Male	Female	Total	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year ..	–	–	–	–	1	–	–	–	–	–	1
1— 4	1,611	1,548	3,159	1	2	1	2	–	–	2	4
5—14	2,692	2,635	5,327	3	1	–	1	1	1	4	3
15—24	2,376	2,656	5,032	9	14	10	9	2	6	21	29
25—44	5,293	5,078	10,371	10	11	10	7	4	5	24	23
45—64	3,343	3,677	7,020	9	1	5	2	7	–	21	3
65 and over ..	1,159	1,390	2,549	–	–	–	1	–	–	–	1
Age unknown ..	–	–	–	2	1	–	1	–	–	2	2
	16,474	16,984	33,458	34	31	26	23	14	12	74	66

TABLE 4

Deaths from Pulmonary and Non-Pulmonary Tuberculosis Cases during 1954—1956

	1954		1955		1956		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year	—	—	—	—	—	—	—	—
1— 4	—	—	—	—	—	—	—	—
5—14	—	—	—	—	—	—	—	—
15—24	—	—	—	—	—	1	—	1
25—44	—	—	1	3	—	—	1	3
45—64	5	1	5	1	2	—	12	2
65 and over	—	—	—	—	—	—	—	—
	5	1	6	4	2	1	13	6

Tuberculosis

There were 372 cases of pulmonary tuberculosis on the register at the end of 1956. 209 were males and 163 were females. There were 44 cases of non-pulmonary tuberculosis, 18 males and 26 females.

During the year 26 new cases of tuberculosis were notified, compared with 49 in 1954.

There were 3 deaths, all being pulmonary tuberculosis, 2 were males and 1 was a female.

TABLE 5

Tuberculosis Statistics—Number on Register at 31st December, 1956

		Males	*Females*	*Total*
Pulmonary	Under 1 year	—	—	—
	1 to 5 years	7	6	13
	6 to 15 years	11	10	21
	16 to 25 years	52	70	122
	26 to 45 years	82	61	143
	46 to 65 years	50	11	61
	Over 65 years	5	3	8
	Ages unknown	2	2	4
	Total all ages	209	163	372
Non-Pulmonary	Under 1 year	–	–	–
	1 to 5 years	6	3	9
	6 to 15 years	1	4	5
	16 to 25 years	7	8	15
	26 to 45 years	1	11	12
	46 to 65 years	1	–	1
	Over 65 years	2	–	2
	Total all ages	18	26	44
	Pulmonary all ages	209	163	372
	Non-Pulmonary all ages	18	26	44
	GRAND TOTAL	227	189	416

TABLE 6

Pulmonary Tuberculosis in Wards

1951—56

Year	New Town		High Town		Town Hall		Ettingshall		Bradley		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1951	6	3	–	1	12	10	8	2	7	5	33	21
1952	–	1	2	2	3	14	3	2	9	8	17	27
1953	8	3	3	2	11	9	4	2	6	5	32	21
1954	4	5	3	2	9	7	8	5	5	9	29	28
1955	3	5	7	–	4	11	3	3	8	4	25	23
1956	3	2	1	–	5	5	1	1	4	4	14	12

TABLE 7

Tuberculosis Notifications

YEAR	PULMONARY		NON-PULMONARY		TOTAL	
	Male	Female	Male	Female	Male	Female
1948	16	11	2	1	18	12
1949	13	15	3	1	16	16
1950	25	10	1	1	26	11
1951	33	21	5	2	38	23
1952	17	27	1	2	18	29
1953	32	21	1	3	33	24
1954	29	28	5	3	34	31
1955	25	23	1	–	26	23
1956	14	12	–	–	14	12

(Including Inward Transfers).

E. HOUSING

200 new houses were completed by the Council during 1956. This enabled 94 unfit houses to be closed. At the end of 1956 there were 1,666 unfit houses remaining, plus 131 houses not grossly unfit in themselves, which might have to be included in development areas, in order to enable those areas to be properly developed.

In April, 1956, I represented to you for clearance, Brook Street, Temple Street, the old portion of Chapel Street, the major portion of Lester Street, and the small portion of the southern side of Oxford Street below Chapel Street. I also represented as due for clearance, portions of Salop Street and Bank Street, Bradley, and a small block in Bradley bounded by Bank Street, King Street, Lord Street. The Hatton Street, Bradley Street, Duck Lane and Gozzard Street areas were also represented for clearance. With the exception of the Chapel Street and Lester Street areas, all these areas have now been either acquired by the Council, or Clearance or Compulsory Purchase Orders on them have been confirmed. The majority of the houses in the Chapel Street area have been acquired by the Council.

In November, 1956, I represented a large number of houses in Wolverhampton Street, a few in Mill Street and Tame Street, and a number of houses in Warwick Street and Oxford Street, and the whole of Greencroft, Parliament Street, Crown Street, and Homer's Fold. New Street in Ettingshall, together with a small part of the adjoining portion of John Street was also represented for clearance.

The Clearance and Compulsory Purchase Orders on the properties represented in November have not yet been confirmed by the Ministry of Housing and Local Government.

As I have said, 45 of these 388 houses have already been cleared, but the remaining 343 lay a considerable task on the shoulders of the Housing Director and Housing Manager, and it may not be possible to represent any further areas during 1957.

Subject to the circumstances prevailing at the time, further areas in Ettingshall and Bradley are the next on the list.

It seems possible that overcrowding will increase rather than decrease during the next two or three years, for with their attention occupied by slum clearance the Council will be able to do less towards the alleviation of overcrowding than they have done in the past.

F. SANITARY CIRCUMSTANCES OF THE AREA

Water

The quality of the water continues to be satisfactory; the quantity now to be reasonbly adequate. It is possible that mergers of water undertakings on a regional or national basis might lead to more economical use of water, but this is highly problematical. Certainly I would see no particular good accruing to either community from a merger between Bilston and Wolverhampton Water Undertakings.

Chlorination is practised at the sources of supply at the Bratch and Tomhill Pumping Stations. During the year 33 samples of water were taken, 8 of which were chemically analysed and 25 were bacteriologically tested. All the results were satisfactory and the following are typical examples of the bacteriological and chemical analysis.

	Water from 23, Wellington Road, Bilston.
pH Value	7.1
	Parts per 100,000
Total Solid Matter Dried at 212°F.	40.0
Free and Saline Ammonia	Nil
Albuminoid	0.0004
Nitric Nitrogen	0.58
Chlorine present as Chloride	2.20
Oxygen absorbed in 4 hours at 80°F.	0.006
Appearance	Clear
Metallic Contamination	Nil
Total Hardness	—
Permanent Hardness	—
Temporary Hardness	—
Free Residual Chlorine	0.01 parts per million
Combined Residual Chlorine	0.01 ,, ,, ,,
Total Residual Chlorine	0.02 ,, ,, ,,
No Detergents present.	

This water is chemically of satisfactory quality.

Water

Bacteriological Examination Report

Nature of Sample : Main Piped Supply.
Bilston Borough Water Dept.
From Tap 86, Lunt Road, Bilston.

Date and hour of collection: 15.5.56 11. 5 a.m.
Date and hour of arrival: 15.5.56 3.15 p.m.

REPORT

Date of Report: 17.5.56

Plate Count. Yeastrel agar 2 days 37°C. aerobically Nil per ml.

Probable number of coliform bacilli, MacConkey 2 days 37°C. Nil per 100 ml.

Probable number of faecal coli Nil per 100 ml.

The Corporation owns and operates its own undertaking. The statutory limits of supply are about 12,000 acres comprising the Borough of Bilston, part of the Urban District of Coseley and part of the Rural District of Seisdon.

Water is obtained from two sources of supply (a) deep wells and a borehole at the Bratch, Wombourn, and (b) a borehole at Tomhill, Bobbington, both in the Rural District of Seisdon.

The supply to Bilston and Coseley is pumped from source to two covered concrete service reservoirs at Coton Road, Goldthorn Hill, having a combined effective capacity of 1,590,000 gallons and thence by gravitation to Bilston and Coseley.

The estimated population supplied in Bilston and Coseley is 47,331 and in the Seisdon District 7,395, a total of 54,726.

The average daily consumption for all purposes in the whole area of supply during the year was 3,615,423 gallons or 66.06 gallons per head per day. In the Bilston and Coseley area the average daily consumption was 3,247,360 gallons or 29.27 gallons per head per day for domestic supplies and 39.33 gallons per head per day for trade supplies.

Sewage

The strain on the sewage works continues to increase. The average daily flow is about two million gallons; of this about half is adequately treated by precipitation followed by continuous filtration. About half a million gallons, after precipitation, is slightly purified by running over waste land. The other half million gallons goes straight into the Bilston brook after its eight hours sedimentation.

In my opinion, reconstruction of the sewage works should begin during 1958 at the very latest. At the moment, every effort is being made to sterilize the semi-treated effluent by antiseptics, but the chemical samples taken from this effluent and the section of the brook into which it runs are almost always unsatisfactory.

The Borough Surveyor supplies the following information:—

> The sewage disposal works occupy an area of 43 acres at The Lunt, Bilston, and deal with the flow of sewage from the whole of the Borough, together with 1,663 acres of the northern part of Coseley Urban District, and also parts of the adjoining areas of Wolverhampton, Willenhall and Darlaston, a total of 3,588 acres.
>
> The system of disposal is precipitation followed by continuous filtration; the sludge from the tanks gravitates to a well from which it is pumped to lagoons.
>
> The disposal works were first constructed in 1905 to deal with a daily dry weather flow of 517,000 gallons. They were extended in 1924 and again in 1929 to deal with a daily dry flow of 1,379,000 gallons.
>
> The dry weather flow exceeds 1,500,000 gallons a day and a scheme is under consideration for improvements and extensions to the works to bring them up to date for present requirements, and for a future estimated dry weather flow of 1,700,000 gallons a day.

Drains and Water Closets

1,412 choked drains and water closets were cleansed by the Health Department staff.

The tabular statement of the Chief Public Health Inspector is as follows:—

(a) INSPECTIONS

Nature of Inspection	*1st Inspections*	*Re-Inspections*	*Total*
Dwelling Houses			
Inspections—Routine	446	508	954
Complaints	465	557	1,022
Overcrowding	6	–	6
Dirty Condition	18	16	34
Rent Restriction Act	–	–	–
Disinfected	32	41	73
Disinfested	113	162	275
Rodent Control	1,034	3,045	4,079
Infectious Disease	14	4	18
Disinfestation—Visits	25	1	26
Removals	259	–	259
Verminous	4	–	4
Slum Clearance	194	–	194
Slop Water Closets	433	7	440
Other Premises			
Houses let in lodgings	24	5	29
Tents, vans, sheds, sites	129	3	132
Common lodging houses	–	–	–
Factories—mechanical power	26	7	33
no power	–	–	–
Workplaces—ordinary	1	1	2
outworkers	3	2	5
Bakehouses	2	–	2
Dairies	–	–	–
Milk dealers	124	–	124
Ice cream—manufacturers	1	–	1
retailers	1	–	1
samples	22	–	22
Slaughterhouses—inspected	2	1	3
meat inspection	650	5	655
Private/emergency slaughter	–	–	–
Fried fish shops	8	1	9
Food preparing premises	45	–	45
Ice stores	–	–	–
Public houses	3	1	4
Cafes and restaurants	8	–	8
Works canteen	4	–	4

	1st Inspections	*Re-Inspections*	*Total*
Market—visits	43	–	43
meat stalls	16	–	16
other food stalls	29	–	29
School kitchens	2	–	2
Shops—meat and food	91	2	93
others	21	–	21
rodent control	1	–	1
Public conveniences	10	–	10
Stables	4	1	5
Premises re swine, fowl, etc.	3	–	3
Premises re offensive accumulation	32	5	37
Drains—inspected	179	81	360
colour tested	30	3	33
water tested	–	–	–
grenade tested	4	–	4
smoke tested	8	1	9
Sewers—inspected	20	2	22
street gullies	2	–	2
Canal boats—inspected	–	–	–
visits to canal	–	–	–
Smoke observations—	32	3	35
visits to plant	19	–	19
Cinemas and theatres	–	–	–
Water samples—chemical	8	–	8
bacteriological	25	–	25
inspections	–	–	–
Food stalls and carts	8	–	8
Meat vans	1	–	1
Milk—chemical	–	–	–
bacteriological	–	–	–
Other foods—formal	–	–	–
informal	–	–	–
bacteriological	2	–	2
Cleansing visits	6	–	6
Miscellaneous visits	640	–	640
Smoke measurement	169	–	169
Food Poisoning	1	–	1
Slum clearance	2	–	2
Pet Animals Act	1	–	1

(b) NOTICES

Informal Notices issued		347
Statutory Notices—Section 92–93 Public Health Act, 1936	Issued	139
	Complied	120
	Justices Order	2

(c) IMPROVEMENTS MADE AS A RESULT OF THE SERVICE OF INFORMAL OR STATUTORY NOTICES

Dwelling Houses

	By Notice	*Without Notice*	*Total*
Internal Rooms			
Ventilation improved	3	1	4
New windows provided	4	2	6
Old windows repaired	30	5	35
Window cords renewed	41	–	41
Dampness in walls remedied ..	17	2	19
Plaster of walls repaired	27	16	43
Plaster of ceilings repaired ..	39	12	51
Floors repaired	17	5	19
New fireplaces provided	3	3	6
Old fireplaces repaired	5	–	5
Ovens provided	1	1	2
Doors repaired	4	3	7
Staircases			
Steps provided or repaired ..	5	1	6
Plaster of ceilings repaired ..	1	–	1
Sculleries and Wash-houses			
Window cords renewed	1	–	1
Windows repaired	2	2	4
New sinks provided	–	2	2
Old sinks repaired	1	–	1
Waste pipes repaired or renewed ..	4	–	4
Wash coppers repaired	2	3	5
Floors repaired	1	–	1
Cellars			
Flooding abated	1	–	1
External			
Roofs repaired	73	25	98
Eaves spouts repaired or provided	36	9	45
Down spouts repaired or provided	15	7	22
Walls repaired and/or repointed	20	6	26
Chimney stacks repaired and/or repointed	20	9	29
Doors repaired	9	2	11
Steps repaired	1	–	1

	By Notice	*Without Notice*	*Total*
General			
Yard paving or surface repaired	4	–	4
Houses supplied with town's water supply	4	3	7
Houses cleansed, limewashed or redecorated	1	–	1
Outbuildings			
Water Closets			
Roofs repaired	15	1	16
Walls repaired or repointed	11	2	13
Floors repaired	2	–	2
Doors repaired	9	–	9
New cistern fixed or repaired	45	5	50
New pedestals and seats provided	38	3	41
Soilpipes repaired	2	–	2
Water supply provided/repaired	20	–	20
New water closets provided	–	1	1
Flush pipes/pedestal joints repaired	1	–	1
Pedestals repaired	1	–	1
Lighting and ventilation improved	1	–	1
Cleansed and/or limewashed	2	–	2
Water supply renewed	2	–	2
Coal Stores			
Roofs repaired	6	–	6
Walls repaired and/or repointed	4	–	4
Doors repaired	2	–	2
Waste Water Closets			
Converted into standard type W.C's.	–	1	1
Ashbins			
Renewals	874	–	874
Provided for new houses	193	–	193
Provided for other premises	55	–	55
Drains			
Repaired or relaid	48	9	57
Cleansed	15	8	23
Ventilated	1	–	1
Inspection chambers built or repaired	13	6	19
Self cleansing gullies provided	1	2	3

	By Notice	*Without Notice*	*Total*
Offensive Accumulations			
Removed	7	–	7
Animals so kept as a nuisance			
Nuisance abated	1	–	1
Tents, Vans, Sheds and Sites			
Removed	–	4	4
Factories—Mechanical Power			
Conveniences — additional provided	2	–	2
Ventilation space provided	2	–	2
Conveniences — other improvements	3	1	4
Washing facilities provided	1	–	1
Water supply provided	–	1	1
Smoke Observations			
Nuisances abated	7	–	7
Additions to plant or improvements	4	–	4
Slaughterhouses			
Lighting/ventilation improved	1	–	1
Cleansed/limewashed	3	–	3
Water supply renewed	3	–	3
Shops			
Improvements under Shops Act	8	–	8
Other Food Preparing Premises			
Hot/cold water provided	3	1	4
Other improvements	4	6	10
Cleansed/limewashed	–	4	4
Food Vans, Carts and Stalls			
Covering and screening of back and sides provided or improved	3	–	3
Other improvements	1		1
Offensive Trades			
Cleansed/limewashed	1	–	1

Disinfestation

113 houses were disinfested and 162 re-inspections were made of these houses. Treatment was by fumigant smoke or insecticide sprays. In addition, the majority of tenants from old property had their furniture and effects treated by HCN gas, and the bedding sterilised by steam in the steam disinfector. There were 259 removals, and the effects were treated in all of these.

Shops Act

21 visits were made to shops other than food shops, in connection with the Shops Act.

Rodent Control

The number of complaints received during the year was 270. 64 more than last year. The number of inspections made for the purposes of treatment was 942. In addition, sewer treatment was carried out in accordance with the instructions of the Ministry of Agriculture, Fisheries and Food, necessitating 1,000 visits and inspections.

	1st	2nd
Number of manholes in system	929	929
Number of manholes treated..	69	150
Number of manholes showing infestation ..	43	54
Number of manholes showing complete pre-bait take	Nil	Nil
Actual bodies seen	38	50
Estimated kill	225	287
Dates of treatments	March	October

CLEANSING

The Cleansing Superintendent (Mr. J. R. Tart, M.A.P.H.I.) reports as follows:—

REFUSE COLLECTION AND DISPOSAL

(Period 1st April, 1956, to 31st March, 1957)

It is pleasing to be able to report that the period under review has seen a return to a regular weekly collection of refuse.

For some years past it has been impossible to attain this level of performance, and various reasons have been held to account for it. It has been said that the vehicles were unsuitable, or insufficient, or that the growth of the new housing estates was throwing an increased burden on the men, or that the men themselves were not working as they used to do. It has been found that a combination of these reasons, each in a minor degree and not any one alone, has been the cause.

There has been very close consultation with the men themselves and their Union representatives, in which grievances have been aired in a friendly and open way. Out of these consultations has grown the Bonus Incentive Scheme, and it is this Scheme and the spirit which it has engendered, that has resulted in a return to a weekly service. There is now a positive and worthwhile financial return for extra effort. There are periods of the year, for example after Bank Holidays and particularly after Christmas, when extra effort is called for in order to make up for time away. In the past, I have heard men say that it was not worthwhile taking the few days off, only to return to have almost to break their backs to recover the lost ground. In point of fact the lost ground was not recovered for weeks. The Incentive Scheme has now made it worthwhile to put out the extra effort.

The Scheme has put more in the weekly pay packet and has enabled the collectors to enjoy a five-day week, but this has only come about as a result of co-operation, for which I thank all concerned.

The vehicles in use on collection are as in previous years, three Shelvoke and Drewry vehicles and one Karrier. The lack of a spare vehicle has been felt at time of breakdown or major overhaul. The time is approaching when serious consideration will have to be given to the provision of a further vehicle to form another 'round', due to the growth of new housing estates.

TABLE 1

HOUSE REFUSE—DRY

Receptacles Emptied	Loads Removed	Estimated Tonnage
466,942	3,977	8,789

TABLE 2

MISCELLANEOUS REFUSE REMOVED

Covering for Tips	Trade Refuse	Waste Paper	Kitchen Waste	Misc.	Total
Tons	Tons	Tons	Tons	Tons	Tons
4	298	103	195	17	617

Salvage

Collection figures are given below:—

TABLE 3

MATERIALS	1955–56			1956–57		
	Weight		Value	Weight		Value
	Tons	Cwts.	£	Tons	Cwts.	£
Paper	117	18½	1,089	103	8	885
Kitchen Waste	253	18	1,004	194	17	778
Glass	10	16¼	24	6	2	14
Scrap Metal	—	—	—	3	13	11
			2,117			1,688

Disposal

Disposal by Controlled Tipping continued as in previous years. Dudley Street Tip had been completed by the latter end of the previous year, and this year refuse was disposed of at the adjoining Raglan Street Tip, the culverting of Bilston Brook making available a considerable hole. The levelling of the hole will make available a large area of land for playing field purposes.

In the early part of the year an ambition was realised in the acquisition of a larger bulldozer and a scraper. The use of this apparatus has enabled the refuse to be placed accurately on the tip face. The weight of the tractor is such that there is adequate consolidation of the refuse, which diminishes the risk of fire and rodent infestation. The attachment of the 3/4 cubic yard scraper behind the tractor enables about three tons of covering material to be gathered at one go. This material can be gathered on site, thus enlarging the tip and rendering the importation of thousands of tons of covering material unnecessary. In the past this industrial material has had to be used for covering, as the previous vehicle could not dig out its own, as can the present one. Tip life was correspondingly shortened, and in Bilston, with its shortage of sites this was serious. Now, with our own covering obtainable on site, the life of a tip is almost doubled.

Details of disposal are as follows:—

TABLE 4

DUDLEY STREET TIP

	Cleansing Department		Tradespeople and Others		TOTAL	
	Loads	Tons	Loads	Tons	Loads	Tons
House Refuse—Dry ..	3,993	8,789	—	—	4,415	8,789
Trade Refuse		298	422	205		503
Coverings	2	4	—	—	2	4
Industrial Refuse ..	—	—	—	—	—	—
Miscellaneous	7	7	—	—	7	7
Totals ..	4,002	9,098	422	205	4,424	9,303

Below I include Cost Statement 1956–57 and Operational Statistics, as furnished to the Ministry of Housing and Local Government.

TABLE 5

COST STATEMENT 1956–57

Item	Particulars 1	Collection 2	Disposal 3	Totals 4	Percentage of total gross expenditure 5
	REVENUE ACCOUNT	£	£	£	%
1.	GROSS EXPENDITURE:				
	(i) Labour	10,862	1,839	12,707	44
	(ii) Transport	5,612	4,984	10,596	37
	(iii) Plant, equipment, land and buildings . .	4,802	482	5,284	19
	(iv) Other items	—	37	37	—
	(v) Total gross expenditure	21,276	7,342	28,618	100
2.	GROSS INCOME (including £1,004 received from other local authorities) . .	303	1,966	2,269	—
3.	NET COST	20,913	5,376	26,349	—
4.	Capital expenditure met from revenue (included above) . .	—	2,351	2,351	—
	UNIT COSTS	s. d.	s. d.	s. d.	
5.	Gross cost per ton, labour only	23 1	3 1	27 0	
6.	Gross cost per ton, transport only	11 11	10 9	22 8	
7.	Net cost (all expenditure) per ton	44 7	11 7	56 2	
		£	£	£	
8.	Net cost per 1,000 population	618	158	776	
9.	Net cost per 1,000 premises	2,015	516	2,351	

Operational Statistics

10. Area (statute acres)	1,871 acres
11. Population at 30th June, 1955 (Registrar-General's Estimate)	33,960 persons
12. Total refuse collected (tons)	9,402 tons
13. Weight (cwts.) per 1,000 population per day (365 days to year)	15.17 cwts.
14. Number of premises from which refuse is collected	10,410
15. Premises from which daily collection is made	Nil % of total
16. Average haul (miles) by collection vehicle to disposal point (single journey)	2¼ miles
17. Kerbside collection, if practised, expressed as estimated percentage of total collection	Nil
18. Total refuse disposed of	9,303 tons

19. Salvage and Trade Refuse. Analysis of income and tonnage:—

	Income (included in Item 2)	Tonnage Collected (included in Item 12)
	£	Tons
Salvage:		
(a) Raw Kitchen Waste	778	195
(b) Waste Paper	885	103
(c) Other Salvage	25	10
Total	1,688	308
Trade Refuse	439	503

Caravans and Moveable Dwellings

132 visits were made to various sites in the Borough, for inspection of caravans occupied by gypsies and other wanderers.

Atmospheric Pollution

To all intents and purposes the Clean Air Act did not come into force during 1956. Pollution of the atmosphere continued to be considerable in Bilston. The average annual fall of grit and dust per square mile was

461 tons per year. it will be observed also how heavy is the deposit of sulphur in Bilston as compared with that at the Tomhill Waterworks in more rural surroundings. It will be noticed that in bad weather the gap between the two deposit rates is much lower than in good weather. Possibly during bad weather more of the town's smoke is blown out into the country. The consistently high figures for the lead peroxide cylinders sited at the Fire Station show the onslaught of injurious acid on the lungs of the dwellers in the High Town Ward. The residents of this Ward will not mourn 'Puffing Billy' when he departs from their midst, for in any sense of the word 'Puffing Billy' is a murderer.

DEPOSIT GAUGES

Total solids are as follows:—

January	Park Site	40.19	tons per square mile
,,	Dudley Street Site	35.30	,, ,, ,, ,,
February	Park Site	47.50	,, ,, ,, ,,
,,	Dudley Street Site	28.07	,, ,, ,, ,,
March	Park Site	35.05	,, ,, ,, ,,
,,	Dudley Street Site	32.36	,, ,, ,, ,,
April	Park Site	42.59	,, ,, ,, ,,
,,	Dudley Street Site	45.97	,, ,, ,, ,,
May	Park Site	42.12	,, ,, ,, ,,
,,	Dudley Street Site	31.96	,, ,, ,, ,,
June	Park Site	35.45	,, ,, ,, ,,
,,	Dudley Street Site	27.43	,, ,, ,, ,,
July	Park Site	22.75	,, ,, ,, ,,
,,	Dudley Street Site	23.81	,, ,, ,, ,,
August	Park Site	33.31	,, ,, ,, ,,
,,	Dudley Street Site	43.23	,, ,, ,, ,,
September	Park Site	24.62	,, ,, ,, ,,
,,	Dudley Street Site	20.00	,, ,, ,, ,,
October	Park Site	31.15	,, ,, ,, ,,
,,	Dudley Street Site	21.35	,, ,, ,, ,,
November	Park Site	26.75	,, ,, ,, ,,
,,	Dudley Street Site	10.13	,, ,, ,, ,,
December	Park Site	76.22	,, ,, ,, ,,
,,	Dudley Street Site	84.86	,, ,, ,, ,,

LEAD PEROXIDE CYLINDERS

Mg. of SO3 per day collected by 100 sq. cm. of Batch 'F' Pb02

Month 1956	Library	Park	280, Wellington Road	Etting-shall Road	Bradley Vicarage	Moxley Hospital	Fire Station	Lunt Road Depot	4, Freeman Place	Centre Health Clinic	Tomhill Water-Works
January	3.12	3.10	2.75	2.30	3.03	2.99	5.32	3.32	2.82	3.71	0.82
February	3.63	3.30	2.82	2.65	3.82	3.39	9.94	4.08	2.46	3.59	2.30
March	3.08	2.81	2.43	2.28	2.96	2.72	5.93	3.91	2.23	3.23	1.44
April	2.35	2.16	1.74	1.70	2.30	1.96	4.06	2.71	1.59	—	0.97
May	0.96	1.33	0.84	0.93	1.21	1.07	2.48	1.43	0.79	1.87	0.45
June	0.90	0.56	0.84	0.92	1.10	1.17	2.64	1.42	0.61	1.42	0.27
July	1.23	0.63	0.73	1.24	1.00	0.88	1.88	1.15	0.53	1.39	0.38
August	0.91	1.23	0.69	0.54	0.90	0.81	2.02	1.23	0.65	1.41	0.21
September	1.43	1.49	1.13	0.89	1.37	1.30	2.72	1.67	0.97	2.00	—
October	2.18	2.26	1.60	1.35	2.08	2.43	5.91	2.84	1.59	2.67	.50
November	3.41	3.33	3.06	2.39	3.63	3.33	7.30	3.90	2.56	3.17	—
December	2.17	2.98	1.72	2.56	3.49	2.55	3.13	2.75	2.30	2.56	.69

Daily Mean Concentration of S02 and Smoke

		S02	Smoke
January ..	Average ..	0.070	0.242
	Highest ..	0.523	1.119
	Lowest ..	0.019	0.043
February ..	Average ..	0.070	0.226
	Highest ..	0.112	0.588
	Lowest ..	0.028	0.099
March	Average ..	0.062	0.183
	Highest ..	0.116	0.434
	Lowest ..	0.020	0.064
April	Average ..	0.057	0.038
	Highest ..	0.140	0.088
	Lowest ..	0.018	0.009
May	Average ..	0.037	0.055
	Highest ..	0.074	0.135
	Lowest ..	0.019	0.018
June	Average ..	0.037	0.042
	Highest ..	0.069	0.070
	Lowest ..	0.020	0.010
July	Average ..	0.034	0.042
	Highest ..	0.078	0.090
	Lowest ..	0.016	0.019
August	Average ..	0.028	0.054
	Highest ..	0.053	0.106
	Lowest ..	0.010	0.018
September ..	Average ..	0.025	0.072
	Highest ..	0.041	0.161
	Lowest ..	0.011	0.032
October	Average ..	0.034	0.117
	Highest ..	0.098	0.361
	Lowest ..	0.014	0.030
November ..	Average ..	0.041	0.140
	Highest ..	0.145	0.508
	Lowest ..	0.013	0.040
December ..	Average ..	0.051	0.153
	Highest ..	0.278	0.683
	Lowest ..	0.016	0.041

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	43	5	—	253	37,341	—
Number inspected . .	43	5	—	253	37,341	—
All diseases except Tuberculosis and Cysticerci: Whole carcases condemned	—	—	—	—	8	—
Carcases of which some part or organ was condemned	3	—	—	18	7,310	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci . .	7.00	—	—	7.11	19.59	—
Tuberculosis only: Whole carcases condemned	—	—	—	—	24	—
Carcases of which some part or organ was condemned	2	—	—	—	1,755	—
Percentage of the number inspected affected with tuberculosis	4.65	—	—	—	4.76	—
Cysticercosis: Carcases of which some part or organ was condemned	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and Totally condemned	—	—	—	—	—	—

PIGS, SHEEP, COWS, CAT

	Carcase and Organs	Heads and Collars	Lungs	Stomach and Intestines	Kidney
Abscesses	—	—	—	10	
Acute Swine Erysipelas	107	—	—	—	—
Ascaris Lumbricoides	—	—	—	—	—
Bruising	—	—	—	—	—
Carcinoma	—	—	—	—	—
Chronic Nephritis	—	—	—	—	½
Cirrhosis	—	—	—	—	—
Congestion	—	—	9–18½	—	—
Cysts	—	—	—	—	7
Distomatosis	—	—	—	—	—
Echinococci	—	—	—	—	—
Emaciation	98	—	—	—	—
Endocarditis	—	—	—	—	—
Erythema	—	—	—	—	—
Fatty Degeneration	—	—	—	—	—
Fevered	2–38	—	—	—	—
Haematoma	—	—	—	—	—
Hydronephritis	—	—	—	—	5½
Hydronephrosis	—	—	—	—	11½
Infarcts	—	—	—	—	—
Jaundice	1–85	—	—	—	—
Liver Fluke	—	—	—	—	—
Necrosis	—	—	—	—	—
Pericarditis	—	—	—	—	—
Peritonitis	—	—	—	105	—
Petechia	—	—	—	—	½
Pleurisy	—	—	14–15	—	—
Pneumonia	—	—	2–9–101	—	—
Pyaemia	4–20	—	—	—	—
Strongylus Paradoxus	—	—	6–14	—	—
Strongylus Rufescens	—	—	3	—	—
Tenuicollis Cysts	—	—	—	—	—
Tortion	—	—	—	—	—
Trauma	—	—	—	—	—
Tuberculosis	1–13–48	8–8–17½	3–47½	4–88	—
Uraemia	1–41	—	—	—	—
Urticaria	—	—	—	—	—
	2–4–101	8–8–17½	4–2–87	5–91	25

(EXCLUDING COWS)

een	Omentum	Heart	Liver	Parts of Carcase	TOTAL Tons	Cwts.	Lbs.
—	5	—	6	2–14	—	2	35
—	—	—	—	—	—	—	107
—	—	—	1–7–49½	—	1	7	49½
—	—	—	—	5	—	—	5
—	—	—	4	—	—	—	4
—	—	—	—	—	—	—	½
—	—	—	4–53	—	—	4	53
—	—	—	—	—	—	9	18½
—	—	—	—	—	—	—	7
—	—	—	20	—	—	—	20
—	—	—	7–0	—	—	7	0
—	—	—	—	—	—	—	98
—	—	½	—	—	—	—	½
—	—	—	—	33	—	—	33
—	—	—	1–20½	—	—	1	20½
—	—	—	—	—	—	2	38
9¼	—	—	—	—	—	—	29¼
—	—	—	—	—	—	—	5½
—	—	—	—	—	—	—	11½
8¼	—	—	—	—	—	—	38¼
—	—	—	—	—	—	1	85
—	—	—	15	—	—	—	15
—	13	—	—	—	—	—	13
—	—	2–89¼	—	—	—	2	89¼
85	2–73	—	18–65½	77	1	6	69½
—	—	—	—	—	—	—	½
—	—	—	—	—	—	14	15
—	—	—	—	—	2	9	101
—	—	—	—	—	—	4	20
—	—	—	—	—	—	6	14
—	—	—	—	—	—	—	3
—	—	—	5	—	—	—	5
1½	—	—	—	—	—	—	1½
—	—	—	—	8	—	—	8
1	—	—	8–61½	4–50	11	2	109½
—	—	—	—	—	—	1	41
—	—	—	—	41	—	—	41
63	2–91	2–89¾	3–7–76	8–4	19	7	85¼

CARCASES AND ORGANS

Generalised T.B.	24
Fevered	1
Acute Swine Erysipelas	1
Pyaemia	3
Jaundice	1
Uraemia	1
Emaciation	1
TOTAL	32

Details of food examined, found to be unfit for human consumption and surrendered for destruction are as follows:—

Food	Tons	Cwts.	lbs.	*Reason for Condemnation*
Ham	–	–	13	Decomposition
Bottled Goods	–	–	2	Mould
Carrots	–	1	48	Wet and Decomposition
Bacon	–	–	26	Fly Blown and Decomposition
Tinned Goods	–	5	25¼	Blown and Damaged Tins
Bananas	–	2	86	Over-ripe and Decomposition
		9	90¼	
Fresh Meat	19	7	85¼	See Table
Total	19	17	63½	

Bakehouses and Other Food Premises

2 visits have been made to bakehouses and 21 inspections to other premises.

Milk

There are 127 licensed dealers selling sterilised milk, 9 selling sterilised and pasteurised milk, and 9 selling tuberculin tested milk.

Ice-Cream

There are 97 premises selling ice-cream in the Borough.

1 shop was inspected and 22 samples of ice-cream were taken and submitted to the Public Health Laboratory, and the results were:—

Grade 1	17
Grade 2	1
Grade 3	1
Grade 4	3

Street Food Vendors

6 street food vendors were licensed in the area.

Food Sampling

The sampling of milk and food under the Food and Drugs Act, 1955, is undertaken by the County Council who are the Food and Drugs Authority under the Act. Dr. G. Ramage, the County Medical Officer of Health, has kindly supplied the following details of samples taken throughout the year.

Milk

Milk Pasteurised	22	
Milk Sterilised	25	
Milk Pasteurised Jersey T.T.	9	
Milk T.T. Pasteurised	23	
Milk T.T.	5	
Total	84	*All Genuine.*

General Foods

Number of samples taken	45
Number of samples genuine	41
Number of samples adulterated	4

Classification of General Foods

Pork Sausages (5 samples)
Jam and Cream Slab
Pineapple Creams
Cream Baskets
Evaporated Milk (2 samples)
Doughnuts
Whole Rice
Essence of Coffee and Chicory
Bicarbonate of Soda B.P.
Crystallized Pineapple Chunks
Mild Beer
Bitter Beer
Butter Creams
Aniseed Drops
Mint Chips
Rich Fruit Malt Cake
Instant Coffee
Barley Sugar Drink

Epsom Salts B.P.
Lamb Tongues
Full Cream Sweetened Condensed Milk
Iced Lollies
Ice Cream
Cheese Spread
White Pepper
Parsley Sauce
Tea
Flake Tapioca
Processed Peas
Pure Sterilised Cream
Salted Peanuts
Lemon Squash
Strawberries in Syrup
Lemon Tonic Water
Preserved Stem Ginger
Gripe Water
New Zealand Butter
Ground Nutmeg
Desiccated Coconut
Marzipan

Particulars of Adulterated Samples

(1) 46 C/E—Formal—Jam and Cream Slab—Contains a cream like filling consisting of imitation cream.

(2) 47 C/E—Formal—Pineapple Creams—Contains a cream like filling consisting of imitation cream.

(3) 48 C/E—Formal—Cream Baskets—Contains a cream like filling consisting of imitation cream.

(4) 93 C/K—Formal—Pork Sausage—Containing excessive and undeclared preservative.

Action Taken

1, 2 and 3. Notice to be displayed in shop relating to use of artificial cream.

4. .. Notice to be displayed in shop declaring use of preservative. Promise to cease excessive use of preservative.

Food Preparing Premises

Food shops and food preparing premises in Bilston can be classified as follows:—

Grocers, greengrocers and general shops	196
Food shops with catering establishments attached ..	12
Other catering establishments (including works' canteens and premises of the schools meals service) ..	45
Fried Fish Shops	17
Butchers Shops	33
Fish Shops	5
	308

H. HEALTH EDUCATION

Posters continue to be displayed outside the Town Hall, and the Central Council for Health Education posters have been displayed at the Health Department and at the Library. Subjects dealt with included whooping cough immunisation, food hygiene, etc.

During the latter part of the year I gave a number of talks to the school children, and showed to some of the senior school children the Disney film 'How to Catch a Cold' and the Central Office of Information 'Small-pox" film. This was for most part done in co-operation with the County Council, as it is part of my duty to assist the County Medical Officer.

Home Safety

The Home Safety Committee held the presentation of prizes at the Library, for the Home Safety Poster Competition. Despite bad weather there was a good attendance. The posters were shown for a fortnight in the Art Gallery.

'Hazard House' exhibition was held from the 5th to the 19th May. Messrs. Bradley and Company loaned the Committee, free of charge, an empty house in their ownership, just opposite Bilston Library. Messrs. H. Beach & Son, and the West Midland Gas Board, furnished it. The Gas Board then arranged some fifty hazards. The Midlands Electricity Board had no need to arrange any hazards as the wiring of the house was extremely dangerous; it had brass topped switches, and in one bedroom the previous occupant had arranged a bedside switch by means of bell wire.

Between five and six hundred people attended the house during the fortnight, and, in addition, a Town Forum was held in the Town Hall on the 14th May. Mr. J. L. Evans, Town Clerk of Kidderminster, acted as questionmaster and the panel consisted of Mrs. Jean Mann, M.P., Miss Barbara Naish of the Royal Society for the Prevention of Accidents, the Vicar of Bilston, and the Mayor of Bilston.

In the autumn a further Poster Competition was held, and an essay competition was run concurrently. The entries for both competitions were extremely good and there seems no doubt that the children of Bilston are thinking seriously about home safety.

The Wolverhampton Corporation Transport Department were good enough to show posters on the trolley buses plying to and from Bilston and there are indications that this is beginning to make people aware of dangers in the home.

CONCLUSION

1956 has, on the whole, been a much healthier year. The poor summer did not seem to have any great effect on the notifications of dysentery and food poisoning, and my remarks of 1955 seem to have been a little too optimistic.

The infant mortality may appear disappointing, but if we take the financial year 1956/57 instead of the current year 1956, the infantile mortality falls to about 30 per 1,000. The notification of infant deaths for the first quarter of the year 1957, plus those so far known for the four months following, indicate that the infantile mortality for 1957 will not be higher than 30 and may be considerably lower.

This is my last Annual Report of the health of Bilston and I must, therefore, take the opportunity of thanking all the members of the Council, the Chief Officers and heads of departments, the Chief Public Health Inspector, and all the other overworked and inadequately rewarded members of the staff of the Health Department, for their unfailing help throughout the last four years.

With some regret I say for the last time,

I have the honour to be,

Mr. Mayor, Madam and Gentlemen,

Your obedient servant,

D. A. SMYTH,

Medical Officer of Health.

MINISTRY OF HEALTH - LIBRARY -